

Hill Care 1 Limited

# Halton View Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Halton View Care Home is a purpose-built residential care home providing personal care and accommodation for 64 older people. At the time of the inspection 49 people resided in the home.

People's experience of using this service:

People were positive about living at Halton View Care Home and were complimentary about the staff who cared for them.

There were sufficient staff to meet people's needs. Staffing levels had improved since our last visit and there was less dependency on agency staff. Which meant that people were supported by staff known to them.

Relatives told us that they were satisfied with the care their loved ones received.

Care and support was not always tailored to each person's needs and preferences, specifically around activities.

Appropriate recruitment checks were carried out to ensure staff were suitable to work in the care environment.

Improvements were evident that medicines were managed better in the home.

Risks were identified and managed to minimise harm.

Staff had not received regular training and improvement was needed to ensure that staff were working in line with current guidance and best practice.

The home complied with the principals of Mental Capacity Act 2005 (MCA), measures were in place to ensure consent to care and treatment.

People were satisfied with the food available. Menus offered choice on a daily basis.

People were well cared for by staff who treated them with respect and dignity. People were supported by staff who knew them well.

Systems were in place for people to raise complaints and concerns. People told us they knew how and to whom they should complain.

Overall we received positive comments to the recent changes in the management structure at the home from residents, staff and relatives.

More information is in the full report.

Rating at last inspection:

Requires Improvement (report published 24 May 2018) This is the second time the service has been rated Requires Improvement.

Why we inspected:

This inspection was brought forward due to information of risk or concern. The rating remains requires improvement.

Follow up:

We will continue to monitor any intelligence we receive about the service until we return to visit in accordance with our inspection schedule. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective

Details are in our Effective findings below.

### Is the service caring?

Good 

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Requires Improvement 

The service was not always responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led

Details are in our Well-Led findings below.

# Halton View Care Home

## Detailed findings

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an inspector, a bank inspector, a pharmacy specialist advisor and an Expert by Experience. An Expert by Experience is someone who has personal experience of using this type of service, in this case, caring for older people and people living with dementia.

Service and service type:

Halton View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care under on contractual agreement. The Care Quality Commission (CQC) regulates both the care and the accommodation provided, both were looked at during the inspection. This home provides accommodation for up to 64 people, there were 49 people receiving a service at the time of the inspection.

The registered manager for the service had left her position at the home without cancelling her registration. Therefore there was not a manager registered with the Care Quality Commission at Halton View, albeit a manager had been appointed. A registered manager with CQC means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

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## What we did:

Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people receive. We used all this information to plan our inspection.

During the inspection we spoke with fourteen people using the service and ten relatives. We also spoke with a regional director, the area manager, the manager and nine staff. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included five people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for three members of staff. We looked at a recent quality assurance audit completed by the management team.

# Is the service safe?

## Our findings

At the last inspection on 24 May 2018, we asked the provider to take action to make improvements to staffing levels and medicines management. Improvements were evident.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us that they felt safe. One person told us "I am well looked after and feel very safe I do not feel restricted in any way I get out and about most days", "There are enough staff". Another told us, "Oh yes there are enough staff, if I press my buzzer in my room when I need something they come straight away and this makes me feel safe".
- The provider had policies and procedures relating to safeguarding vulnerable adults and the staff training program identified that staff should receive training annually. Staff training is discussed in the effective section of this report.. The staff we spoke with had a good understanding of the types of abuse that could occur and the action they would take to protect people living in the home.

Assessing risk, safety monitoring and management

- People's risks were assessed and measures were put in place to reduce risk to individuals. Each service user had a document at the front of their file listing their key risks and care required. This was supported by more detailed risk assessments including control measures in place and monthly evaluations.
- Everyone had appropriate risk assessments in place. Other risk assessments were carried out as required. Risk assessments were updated as necessary and were tailored to meet the needs of the individual. People at risk of falls had alert mats in place where appropriate and had been referred to the falls team.
- We saw records relating to the safety of the premises and found these in order. the premises had all necessary safety measures in place. People had an up to date Personal Emergency Evacuation Plan, this instructed staff how to safely support people in the event of an emergency.

Staffing and recruitment

- Relatives and service users spoken with said they thought call bells were answered fairly promptly and there were sufficient staff. Staff also said they thought levels were sufficient. We observed staff who appeared unrushed and calm.
- We looked at the staff files of three new staff who had been recruited since our last visit. They were of a good standard and appropriate checks had been made to assess people's suitability for working in the caring profession.

Using medicines safely

- We checked the medicines and records for six people. All six Medicine Administration Record (MAR) charts had a photograph and allergies recorded, which helps to reduce the risk of medicines being given to the wrong person.

- We looked how the home managed a person's medicines after they had been discharged from hospital as there are often several medicine changes. We found two residents who had been discharged had been safely managed by the home.
- A third person had been prescribed a medicine by their doctor to reduce their levels of anxiety. The home felt that they were able to relieve the person's anxiety levels without the need for giving a medicine regularly and contacted the person's doctor to have the anti-anxiety medicine reviewed and the dose reduced.
- We reviewed a fourth and fifth person who had their creams applied by carers in the home. The records had not always been completed fully, which meant it was difficult to say whether a person had had their cream applied as directed by their doctor.
- The home had a process to allow people to self-medicate following an assessment by a senior carer. The fifth person's care plan for self-medicating was thorough and easy to follow.

#### Preventing and controlling infection

- The home was clean and tidy, staff were observed wearing appropriate personal protective equipment whilst carrying out care duties and when supporting people at lunch times.
- There was a slight odour of urine on Viking unit and we discussed with the manager the plans to refurbish this unit in respect of where possibly the urine had penetrated the fabric of the building.

#### Learning lessons when things go wrong

- The registered provider ensured that all accidents and incidents were recorded and trends were established as a measure of mitigating risk.
- There was evidence of improvements made and areas of development being identified. This ensured the quality and safety of care was continuously monitored and assessed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had comprehensive care plans in place that covered their physical and mental health needs and risks. These were evaluated at least monthly and updated as required. One person told us, "I am well looked after and all my needs are met and staff do know what they are doing and they know me as an individual, my quality of life is good right now".
- We spoke with a member of staff on each unit about the people we case tracked and all could tell us about what people's history and care needs were.
- It was noted that a lot of vital information was missing from the handover sheets, (these are used to summarise the events of the day when there is a change in staffing) for some people e.g. whether do not attempt to resuscitate (DNAR) or Deprivation of Liberty safeguards (DoLS) were in place, missing information regarding dietary needs or whether assistance was needed with mobility. This had been rectified by the time we returned to give the manager feedback from the visit.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported by the manager and there had been a lot of improvement in the amount of support they got of late.
- We checked the staff training records and found staff had not attended training as frequently as required by either legislation or the organisation's own expectations.

The lack of regular and on-going staff training meant people were at risk of receiving care and support not in line with current best practise. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with particular types and brands of snacks that they enjoyed.
- People in their rooms had jugs of squash or water to hand. Care plans included information on how much fluid a person should drink each day. Fluid intake charts were comprehensively completed and people were effectively monitored for signs of dehydration.
- People were weighed at least monthly and weekly if they were losing weight. Care files revealed that people were referred to the dietitian when necessary. For example, one person had lost 8kg in the last 2 months because they constantly walked up and down the corridor. Their key risks summary identified they were at high risk of malnutrition and weekly weights, food intake charts and fortified meals had been implemented. The dietitian had been contacted and supplements had been prescribed. There was evidence that these were being administered and that the person was being encouraged to eat as much as possible.

Staff working with other agencies to provide consistent, effective, timely care

- During the course of the inspection we observed visits from two GPs and a district nurse. Care files contained evidence that people were referred to appropriate health care professionals as required e.g. neurologist, dietitian and mental health teams.

Adapting service, design, decoration to meet people's needs

- Improvements had been made to the environment since the last inspection with the addition of replacement flooring. A refurbishment programme was underway and people had the opportunity to be involved in the decisions being made in relation to the adaptations.
- Many bedrooms were personalised with people's personal possessions, such as small items of furniture, pictures and ornaments but this was lacking on Viking unit. There were two dementia units upstairs, Jubilee and Viking. Neither were particularly well adapted for people living with dementia, apart from having the communal rooms signposted and different coloured bedroom doors. For example, bathrooms were all white with no colour contrast toilet seats, people had their name on their bedroom door but nothing else to identify their room, lighting was poor in some areas.
- The corridors and communal areas of Viking unit were particularly tired and jaded. En-suite bathrooms were heavily stained with urine as was the pipe work and wood behind toilets.

The design and furnishing of the upstairs dementia care units was poorly maintained and unsuitable for the purpose it was being used. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to live healthier lives, access healthcare services and support; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Each person had a mental capacity assessment on file which gave information on the sort of things the person had capacity to make decisions about.
- When people lacked capacity to make certain decisions a decision specific best interests decision was recorded e.g. one person had best interest decisions recorded for administration of medication and hourly observations when they were in their room, and another had best interest decisions recorded for weekly weights, administration of medication and hourly observations when in their room.
- Most people who lacked capacity to make a decision about living in the home or going out unaccompanied had an authorised DoLS in place or it had been applied for. However, three people did not, two had not been applied for and one had expired on 20 January 2019 and hadn't been reapplied for. This was pointed out to the manager who said she would address this and formalise the reviewing process. On our third day of the inspection we were shown evidence these had been applied for.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People were treated with care, compassion and kindness. Feedback from people confirmed this. Their comments included, "Staff are helpful and caring", "They look after me lovely", "Staff do their best it is alright". We observed good interactions between staff and service users, that staff engaged with service users, providing assistance where necessary
- One person told us that a member of her local church came at least once a month to take communion with her.

Supporting people to express their views and be involved in making decisions about their care.

- Staff were familiar with the level of care people required, as well as being familiar with their likes and dislikes.
- For people who did not have any family or friends to represent them, contact details of a local advocacy service were available in reception. Advocacy services support people to make decisions with different areas of care and support they may need.
- People's privacy and dignity were maintained, staff attended to people's personal care behind closed doors. Personal records were kept in the office on each unit.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to develop and maintain relationships with those people important to them. Loved ones were able to visit without restrictions.
- People's confidential information was protected in line with General Data Protection Regulations (GDPR).

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Evidence in care files showed that physical and emotional care was provided in a person-centred way according to people's individual needs.
- People's needs were assessed before and as they moved into the home.
- People had their life histories recorded, also their hobbies and interests and the sort of activities they would like to take part in. However, this wasn't followed. Some activities were provided, such as board games, but these weren't geared towards people's individual interests. People's interests included yoga, reading and attending sports events but people told us that they did not have the opportunity to fulfil their interests.
- One relative told us that they felt there was little leadership in respect of activities in the home.
- We found that activities were very limited on Viking unit and that interaction was poor. Staff did not easily engage with people or encourage them to participate in daily living or any form of activities.

The lack of stimulating activities that people preferred and lack of positive interaction means that people's needs, choice and preference for social activity was not met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns.

- We saw that the organisation had a complaints procedure and details of how and to who people could complain was available in reception.
- We saw evidence that some complaints were historic and had not been managed by previous managers in line with the organisations complaints process. We saw that regular meetings were being held to build relationships.
- Recent complaints had been recorded and responded to appropriately.

End of life care and support.

- People's wishes for end of life care had been discussed and documented, although on some files it was recorded that the service user or their family did not want to discuss it at the moment.
- Nobody at the time of our visit was receiving end of life care..

# Is the service well-led?

## Our findings

At the last inspection on 24 May 2018, we asked the provider to take action to make improvements to the quality monitoring processes in the home. Sufficient improvement had not been made and therefore there was still a breach of Regulation 17.

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Regular audits and checks were carried out on the safety equipment in the home, to ensure safety of the premises and the equipment in relation to fire, electrics and gas.
- Person-centred care and support was not evident on the dementia care units.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The manager is not yet registered with Care Quality Commission. We spoke with the manager who informed us that they were in the process of making the application but had been advised to wait for a previous manager to de-register, we advised them to make the application as a matter of urgency.
- A quality assurance program had been introduced and this was an improvement from our last inspection. These audits were relatively new to the home and will need time to evolve so that effective improvement can be measured.
- Despite the lack of activities/person centred care being highlighted as an area for improvement at the previous inspection there had been insufficient action taken to improve. Monitoring had not identified the low staff attendance at required training.

The lack of robust quality assurance and monitoring meant people were still at risk of receiving poor quality care and should a decline in standards occur the provider's systems may not pick up on issues effectively. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Staff meetings were in place and well attended, including daily handover and update meetings.
- Two relatives told us that relative meetings were arranged but poorly attended. Alternative ways to engage with relatives needs to be explored to show improvement in this area.
- Information regarding any recent staff, relatives and resident surveys was not available. We spoke with the newly appointed area manager who advised this was in hand and new round of surveys were to be distributed by the head office. The service needs to find ways to regularly and effectively engage with

stakeholders.

Continuous learning and improving care.

- We found that accident and incident records had been improved and looked for trends to support any necessary learning or safety issues.
- The manager had only been in post since October 2018, following an unsettled period for the home. We found that progress was being made in reviewing and up-dating information held in the home.

Working in partnership with others

- The home was receiving input from the Local Authority, environmental health, falls intervention service, infection control, district nursing team and medicines management team on behalf of the clinical commissioning group. We saw they were working hard to develop positive relationships.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The lack of stimulating activities that people preferred and lack of positive interaction means that people's needs, choice and preference for social activity was not met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The design and furnishing of the upstairs dementia care units was poorly maintained and unsuitable for the purpose it was being used.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems must be established and operated effectively to assess and monitor the quality of the service provided, including seeking the views of all stakeholders.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The lack of regular and on-going staff training meant people were at risk of receiving care and support not in line with current best practise.

